

14051 NW 14<sup>th</sup> Street  
Suite 220  
Sunrise, Florida 33323

Client ID#

I hereby authorize Credit Counseling Inc., to represent me and take all actions which they may deem advisable to make settlement with my creditors. This authorization shall include, but is not limited to, receiving account information and balances, negotiating with my creditors on my behalf, and making payments on these settlements.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Co-App Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Print Co-App Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

**PLEASE RETURN THIS PAGE SIGNED IMMEDIATELY**  
**Fax number 954-656-8115**